

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | F-F | | 05-01 |
| O.I.P.E. CLASSIFIER | K | 1019 | 10/21/01 |
| FORMALITY REVIEW | | | 06.22.01 |
| RESPONSE FORMALITY REVIEW | TG/T.V | 925/876 | 11/07/01 |
| Response | H-S | 866 | 01.16.01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
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| Claim | Date |
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| Final | |
| Original | |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

10/16/01

JC 87826
11/07/01948
01/16/02

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